

IN ACCORDANCE WITH CITY OF MENOMONIE ORDINANCE CHAPTER 25

CITY OF MENOMONIE

HOTEL-MOTEL ROOM TAX PERMIT APPLICATION

Hotel / Motel / B & B name_____

Location_____

Telephone
Number_____

Total Number of Units_____

Name of Person in Charge_____

Address_____

Telephone_____

License expires: December 31, 200_____

Signature of applicant

Permit Fee \$2.00

Receipt #_____

Date Filed _____

